

# **Private Duty Nursing & Personal Care**

## **Prior Authorization (PA) Instructions**

Providers will submit requests for prior authorization of private duty nursing using the PA form 470-0829 and the following documentation:

- Current Plan of Care (POC) reflective of all cares provided
- Additional physician orders as well as nursing documentation (if applicable), e.g. unusual distress during respiratory season, increased use of PRN medications or other PRN orders.
- School schedule (if applicable)
- Current medication list, including frequency of PRN medication administration
- Seizure record (if applicable) which includes frequency, duration and interventions required.
- A letter outlining the medical history of illness(es), pending surgeries, etc.

Once the required documentation is received, the Medical Services Review Nurse will review the documentation and complete a Medical Needs Acuity Scoring Tool (MNASt). The MNASt is a tool developed to assess the medical necessity of care by scoring the following areas:

- Miscellaneous assessment needs
- Medication needs
- Respiratory needs
- Feeding needs
- Seizure needs
- Elimination needs
- Therapies/orthotics/casting
- Dressing changes and wound care.

A point value is assigned to each section and subsection and summed for an overall total score. The Medical Services Review Nurse will make a determination regarding support of the hours requested. If further clarification is needed for review, a request for additional information will be completed by the nurse and faxed or mailed to the provider. Information such as seizure record, frequency of PRN medication administration, etc. may be requested.

If hours requested are not supported by the documentation, the hours authorized will be modified and a letter will be sent to the agency or provider specifying the hours approved. The provider will be asked to respond to the letter in one or more of the following manners:

Identify a step-by-step plan to facilitate the family moving toward a reduction in hours in line with supported by the documentation **and/or**

Submit additional documentation and supporting rationale of the medical need for the hours requested **and/or**

Request a care conference

Documentation to support a request for skilled nursing services must indicate a need for specific skilled task(s), other than a continuous medical monitoring and assessment (CMMA) order. The total number of hours cannot exceed 16 hours per day.

Providers will submit requests for prior authorization of home health aide services using the PA form 470-0829 and the following documentation:

- Current Plan of Care (POC) reflective of all cares provided
- Additional physician orders as well as nursing documentation (if applicable)
- School schedule (if applicable)
- Documentation of caregiver and back-up caregiver availability
- Documentation of number of persons in the home, including ages of children and number of children, if any, other than the child with special needs.
- Documentation of caregiver's work/school schedule
- Documentation of child's school schedule
- A letter outlining the medical history of illness(es), pending surgeries, etc.

Once the required documentation is received the Medical Services Review Nurse will complete a Functional Needs Acuity Scoring Tool (FNAST) and a Social Needs Acuity Scoring Tool (SNAST). The FNAST and SNAST were developed to assess the functional and social needs by analyzing the following areas:

- Activities of daily living (ADLs) needs
- Therapy and mobility needs
- Behavioral needs
- Sensory impairment needs
- Family dynamics
- Caregiver availability
- Family training needs
- Patient specific needs (education)

A point value is assigned to each section and subsection and summed for an overall total score. The Medical Services Review Nurse will make a determination regarding support of the hours requested. If further

clarification is needed for review, a request for additional information will be completed by the nurse and faxed or mailed to the provider.

If hours requested are not supported by the documentation, the hours authorized will be modified and a letter will be sent to the agency or provider specifying the hours approved. The provider will be asked to respond to the letter in one or more of the following manners:

Identify a step-by-step plan to facilitate the family moving toward a reduction in hours in line with supported by the documentation **and/or**

Submit additional documentation and supporting rationale of the medical need for the hours requested **and/or**

Request a care conference

Documentation to support a request for home health aide services must also indicate specific task(s) needed. Again, the total number of hours (skilled nursing and home health aide combined) cannot exceed 16 hours per day.

A change in the child's condition could indicate that either more or less units of service are needed to meet the medical needs of the child. If this occurs, the provider should request a modification of the current authorization or submit a new prior authorization request.

As described previously, the Medical Services Review Nurse will complete the assessment tools and copies of the completed tools will be provided with the completed authorization. Detailed information about the tools is provided below.

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### Medical Needs Acuity Scoring Tool (MNASt)

#### Section 1: Miscellaneous

Order	Frequency	Points		Comments:
Behavior that interferes with cares	<b><u>Mild</u></b>	1.00	<input type="checkbox"/>	
	<b><u>Moderate</u></b>	2.00	<input type="checkbox"/>	
	<b><u>Severe</u></b>	3.00	<input type="checkbox"/>	
Requires Isolation	*****	1.00	<input type="checkbox"/>	

Points will be allotted in section one of the MNASt for members with a specified and documented diagnosis, which has related behaviors that interfere with care.

- **EXAMPLE:** Congenital Insensitivity to Pain with Anhidrosis (CIPA) requiring restraints to prevent self-harm as evidenced by self-inflicted cornea damage. This example would be severe in nature and receive a score 3.00 points.

## Section 2: Assessment Needs

Order	Frequency	Points		Comments:
<b>Skilled assessment of <u>one</u> system:</b> (Choose one)  <input type="checkbox"/> Respiratory  <input type="checkbox"/> Neurological  <input type="checkbox"/> Cardiovascular  <input type="checkbox"/> Gastrointestinal  <input type="checkbox"/> Genitourinary  <input type="checkbox"/> Integumentary	Every 2 hours or more often	2.00	<input type="checkbox"/>	
	Every 4 hours	1.50	<input type="checkbox"/>	
	Every 8 hours	1.00	<input type="checkbox"/>	
	Daily	0.50	<input type="checkbox"/>	
<b>Skilled assessment of <u>two or more</u> systems:</b> (Check all that apply)  <input type="checkbox"/> Respiratory  <input type="checkbox"/> Neurological  <input type="checkbox"/> Cardiovascular  <input type="checkbox"/> Gastrointestinal  <input type="checkbox"/> Genitourinary  <input type="checkbox"/> Integumentary	Every 2 hours or more often	4.00	<input type="checkbox"/>	
	Every 4 hours	3.00	<input type="checkbox"/>	
	Every 8 hours	2.00	<input type="checkbox"/>	
	Daily	1.00	<input type="checkbox"/>	

Points will be allotted in section two of the MNASt for skilled assessments ordered on the POC. Points will be allotted based on the frequency of skilled assessments ordered and if single or multiple system assessments are ordered.

- EXAMPLE 1: Respiratory system assessments every 4 hours (QID); this example would receive a score of 2.00 points as only one system is being assessed and the assessment is ordered more often than every 2 hours.
- EXAMPLE 2: Continuous Medical Monitoring and Assessment (CMMA) of respiratory and gastrointestinal systems; this example would receive a score of 4.00 points as two systems are being assessed and the assessments are ordered more often than every 2 hours.

### Section 3: Medication Needs

Order	Frequency	Points		Comments:
<b>Scheduled Medications:</b> Excludes topical medications.	<b>Simple:</b> 1 or 2	3.00	<input type="checkbox"/>	
	<b>Moderate:</b> 3 to 5	4.00	<input type="checkbox"/>	
	<b>Complex:</b> 6 to 9	5.00	<input type="checkbox"/>	
	<b>Extensive:</b> 10 or more	7.00	<input type="checkbox"/>	
<b>PRN Medications:</b> <u>1 point given if PRN medication(s) are ordered.</u>  ** Additional points may be given if documentation is submitted showing the frequency of specific PRN medication administration. **	<u>PRN Medication Order</u>	1.00	<input type="checkbox"/>	
	<b>Simple:</b> 1 to 2	2.00	<input type="checkbox"/>	
	<b>Moderate:</b> 3 to 5	3.00	<input type="checkbox"/>	
	<b>Complex:</b> 6 to 9	4.00	<input type="checkbox"/>	
	<b>Extensive:</b> 10 or more	5.00	<input type="checkbox"/>	
<b>Nebulizer Treatments:</b> <u>1 point given if PRN nebulizer treatment is ordered.</u>  ** See above for additional points for PRN medications **	PRN Nebulizer treatments	1.00	<input type="checkbox"/>	
	Scheduled at least daily, less often than every 8 hours	2.00	<input type="checkbox"/>	
	Scheduled every 6 to 8 hours	3.00	<input type="checkbox"/>	
	Scheduled every 4 to 5 hours	3.50	<input type="checkbox"/>	
	Scheduled every 2 to 3 hours	4.00	<input type="checkbox"/>	
<b>IV Medications:</b> Choose method of administration.  <input type="checkbox"/> Peripheral IV <input type="checkbox"/> Central Line <input type="checkbox"/> PICC line Hickman <input type="checkbox"/> Other  *** includes TPN, excludes heparin or saline flush ***	Weekly	1.00	<input type="checkbox"/>	
	Daily	1.50	<input type="checkbox"/>	
	Less often than every 8 hours	2.00	<input type="checkbox"/>	
	Every 8 hours	2.50	<input type="checkbox"/>	
	Every 6-7 hours	3.00	<input type="checkbox"/>	
	Every 4-5 hours	3.50	<input type="checkbox"/>	
	More often than every 4 hours	4.00	<input type="checkbox"/>	

Points will be allotted in section three of the MNASt for scheduled and PRN (as needed) medications ordered on the POC.

- Scheduled Medications – Points will be allotted based on the number of medications ordered.
  - EXAMPLE: Scheduled medications ordered are Levothroid QD, Reglan 4 times QID and Digoxin BID. This example would receive a score of 4.00 points for scheduled medications.
- PRN Medications – One (1) point will be allotted if PRN medications are ordered, additional points will be allotted for PRN medications *only* if documentation provided indicates specific PRN medications have routinely been administered.
  - EXAMPLE: Acetaminophen, Benadryl, and Diastat are ordered PRN. Documentation provided indicates Acetaminophen is routinely given PRN. This example would receive a score of 3.00 points for PRN medications – 1.00 point for PRN medication(s) ordered and an additional 2.00 points because documentation indicates the PRN acetaminophen is routinely administered.
- Nebulizer Treatments – One (1) point will be allotted if nebulizer treatments are ordered, additional points will be allotted for PRN nebulizer treatments *only* if documentation provided indicates specific PRN nebulizer treatments have been administered and frequency of PRN nebulizer use.
  - EXAMPLE: Albuteral nebulizer ordered q4h PRN. Documentation indicates nebulizer treatments have routinely been administered twice daily. This example would receive a score of 3.00 for the nebulizer treatments – 1.00 point for a PRN nebulizer treatment(s) ordered and an additional 2.00 points because documentation indicates PRN nebulizer treatments have been provided at least daily, but less often than every 8 hours.
- IV Medications – Points will be allotted IV medications ordered on the POC. Points will be allotted based on the frequency of IV medication administration.
  - EXAMPLE: TPN ordered daily at night. This example would receive 1.50 points for the IV medications.

#### Section 4: Respiratory Needs

Order	Frequency	Points	Comments:
<b>Tracheostomy:</b> (check one) <input type="checkbox"/> No trach, patent airway <input type="checkbox"/> No trach, unstable airway <input type="checkbox"/> Trach, established and stable <input type="checkbox"/> Trach, new or unstable			

<b>Tracheostomy Cares</b>	Scheduled and/or PRN	6.00	<input type="checkbox"/>
<b>Suctioning</b>	Scheduled and/or PRN (Trach or NT)	5.00	<input type="checkbox"/>
	Scheduled and/or PRN (oral)	1.00	<input type="checkbox"/>
<b>Oxygen</b>	Continuous and/or daily use	1.00	<input type="checkbox"/>
	PRN	1.00	<input type="checkbox"/>
<b>Pulse Oximetry</b>	Continuous pulse oximetry with PRN oxygen parameters	1.00	<input type="checkbox"/>
	PRN or spot check pulse oximetry with PRN oxygen parameters	1.00	<input type="checkbox"/>
<b>Ventilator</b>	Ventilator, dependent, 24 hours per day	20.00	<input type="checkbox"/>
	Ventilator, intermittent 12 or more hours per day	18.00	<input type="checkbox"/>
	Ventilator, intermittent, 8 to 11 hours per day	16.00	<input type="checkbox"/>
	Ventilator, intermittent, 4 to 7 hours per day	14.00	<input type="checkbox"/>
	Ventilator, intermittent, less than 4 hours per day	12.00	<input type="checkbox"/>
<b>BiPap or CPAP</b>	BiPAP or CPAP more than 8 hours per day	5.00	<input type="checkbox"/>
	BiPAP or CPAP less than 8 hours per day	4.50	<input type="checkbox"/>
	BiPAP or CPAP used only at night	4.00	<input type="checkbox"/>
<b>Chest Physiotherapy (CPT):</b> (manual or with use of airway clearance vest)	PRN CPT	1.00	<input type="checkbox"/>
	Daily	1.00	<input type="checkbox"/>
	Every 8 hours or more	2.00	<input type="checkbox"/>
	Every 4 to 7 hours	3.00	<input type="checkbox"/>
	More often than every 4 hours	4.00	<input type="checkbox"/>

Points will be allotted in section four of the MNASt for skilled scheduled and PRN (as needed) treatments and interventions ordered to maintain and/or stabilize the respiratory system. Points will be allotted *only* for treatments and interventions ordered on the POC or separate physician orders (i.e., addendum orders). Points will be allotted based on the frequency and method of intervention.

- **EXAMPLE:** Tracheostomy (trach) suctioning PRN, trach cares daily. This example would receive 11.00 points – 6.00 points for daily trach cares and 5.00 points for PRN trach suctioning.
- **EXAMPLE:** CPAP at night, while sleeping. This example would receive 4.00 points for CPAP at night only.

## Section 5: Feeding Needs

Order	Frequency	Points		Comments:
<b>Nutrition:</b> Choose all that apply <input type="checkbox"/> Routine oral feeding <input type="checkbox"/> Difficult, prolonged oral feeding <input type="checkbox"/> Reflux and/or aspiration precautions <input type="checkbox"/> G-tube <input type="checkbox"/> J-tube <input type="checkbox"/> Other	Physician ordered oral feeding attempts (i.e., treatment of oral aversion)	1.00	<input type="checkbox"/>	
	Tube feeding (routine bolus or continuous)	2.00	<input type="checkbox"/>	
	Tube feeding (combination bolus and continuous)	2.50	<input type="checkbox"/>	
	Complicated tube feeding (residual checks, aspiration precautions, slow feed, etc.)	3.00	<input type="checkbox"/>	

Points will be allotted in section five of the MNASt for scheduled and PRN (as needed) enteral feedings and/or complicated oral feedings. Points will be allotted *only* for treatments and interventions ordered on the POC or separate physician orders (i.e., addendum orders). Points will be allotted based on the frequency and method of feedings.

- **EXAMPLE:** gastrostomy tube (G-tube) bolus feeding four times daily (QID). This example would receive 2.00 for routine bolus feedings.
- **EXAMPLE:** Enteral pump feeding via jejunostomy tube (J-tube) to run at 95ml/hr x 6 hours at night. This example would receive 2.00 points for routine (continuous) pump feedings.



## Section 6: Seizure Needs

Order	Frequency	Points		Comments:
<b>Seizures:</b> <ul style="list-style-type: none"> <li>If Continuous Medical Monitoring and Assessment (CMMA) order present for neurological system, do not allow additional points for minimal interventions <u>unless</u> the specific intervention is documented.</li> <li>If CMMA order is not present, but documentation indicates daily seizure activity, allow points for minimal intervention if the plan of care has a seizure treatment plan included.</li> </ul>	Seizure diagnosis, not activity documented	0.00	<input type="checkbox"/>	
	<b>Mild:</b> daily, no intervention	0.00	<input type="checkbox"/>	
	<b>Moderate:</b> minimal intervention daily	2.00	<input type="checkbox"/>	
	<b>Moderate:</b> minimal intervention 2 to 4 times daily.	4.00	<input type="checkbox"/>	
	<b>Moderate:</b> minimal intervention 5 or more times daily	4.50	<input type="checkbox"/>	
	<b>Severe:</b> requires IM/IV/Rectal medications daily	5.00	<input type="checkbox"/>	
	<b>Severe:</b> requires IM/IV/Rectal medications 2 to 4 times daily	5.50	<input type="checkbox"/>	
	<b>Severe:</b> requires IM/IV/Rectal medications 5 or more times daily	6.00	<input type="checkbox"/>	

Points will be allotted in section six of the MNASt for a seizure disorder diagnosis. Points will be allotted *only* for treatments and interventions ordered on the POC or separate physician orders (i.e., addendum orders) and supported by documentation indicating the frequency, duration and interventions provided. This documentation can be provided in the form of a seizure record or other flowsheet used by the home health agency.

If Continuous Medical Monitoring and Assessment (CMMA) order is present for neurological system, additional points will not be allowed for minimal interventions unless the specific intervention is documented.

If CMMA order is not present, but documentation indicates daily seizure activity, points will be allowed for minimal intervention if the plan of care has a seizure treatment plan included.

- EXAMPLE: Diastat for seizures lasting longer than 5 minutes. Seizure record indicates member has multiple seizures daily requiring no medical intervention. Seizure record indicates Diastat has been not been administered for seizures any seizure activity. This example would receive 0.00 points because although a seizure diagnosis is documented, documentation does not indicate medical interventions have been required.

## Section 7: Elimination Needs

Order	Frequency	Points		Comments:
<b>Intermittent Catheter</b>	Every 4 hours	5.00	<input type="checkbox"/>	
	Every 8 hours	4.00	<input type="checkbox"/>	
	Every 12 hours	3.00	<input type="checkbox"/>	
	Daily or PRN	2.00	<input type="checkbox"/>	
<b>Strict I &amp; O</b>	Every 4 hours	4.00	<input type="checkbox"/>	
	Every 8 hours	3.00	<input type="checkbox"/>	
	Daily	2.00	<input type="checkbox"/>	

Points will be allotted in section seven of the MNASt for a diagnosis requiring monitoring of elimination habits. Points will be allotted *only* for treatments and interventions ordered on the POC or separate physician orders (i.e., addendum orders). Points will be allotted based on the frequency and method of monitoring and/or intervention.

- EXAMPLE: Strict I & O (intake and output) daily (QD). This example would receive 2.00 points for daily I&O.
- EXAMPLE: Intermittent straight cath every 4 hours (Q4H). This example would receive 5.00 points for intermittent catheterization every 4 hours.

## Section 8: Therapies / Orthotics / Casting

Order	Frequency	Points		Comments:
Fractured or casted limb	*****	1.00	<input type="checkbox"/>	
Splinting schedule	On / Off daily	1.00	<input type="checkbox"/>	
Basic range of motion (ROM)	At least every 8 hours	1.00	<input type="checkbox"/>	
Body Cast	*****	1.00	<input type="checkbox"/>	
Miscellaneous skilled therapies (1.00 point each misc. therapy ordered) <ul style="list-style-type: none"> <li>▪ If diagnosis of skin disease, i.e. psoriasis, and PRN topical medications ordered, may allow 1 point for misc. therapies.</li> <li>▪ If restraints are routinely used and documented, may allow 1 point for misc. therapies.</li> </ul>	Daily or PRN	1.00	<input type="checkbox"/>	
	Less often than every 8 hours	1.00	<input type="checkbox"/>	
	Every 4 to 7 hours	2.00	<input type="checkbox"/>	
	More often than every 4 hours	3.00	<input type="checkbox"/>	

Points will be allotted in section eight of the MNA<sup>ST</sup> for a diagnosis requiring treatment and/or interventions related to therapies, orthotics and casting. Points will be allotted *only* for treatments and/or interventions ordered on the POC or separate physician orders (i.e., addendum orders). Points will be allotted based on the frequency and method of treatment and/or intervention.

- **EXAMPLE:** range of motion (ROM) daily (QD). Ankle-Foot Orthotics (AFOs) on/off every two hours (Q2H). This example would receive 2.00 for therapies/orthotics/casting – 1.00 point for ROM and 1.00 point for orthotics.

## Section 9: Dressing changes

Order	Frequency	Points		Comments:
<input type="checkbox"/> PEG or G-tube dressing change	At least daily	1.00	<input type="checkbox"/>	
Choose all that apply <input type="checkbox"/> Stage 1 – 2 pressure ulcer, <input type="checkbox"/> IV change (new site)	At least daily	2.00	<input type="checkbox"/>	
Choose all that apply <input type="checkbox"/> Stage 3 – 4 pressure ulcer <input type="checkbox"/> Multiple wound sites	At least daily	3.00	<input type="checkbox"/>	

Points will be allotted in section nine of the MNA<sup>ST</sup> for a diagnosis requiring treatment and/or interventions related to dressing changes. Points will be allotted *only* for treatments and/or interventions ordered on the POC or separate physician orders (i.e., addendum orders). Points will be allotted based on the frequency and method of treatment and/or intervention.

- **EXAMPLE:** Gastrostomy tube (G-tube) change daily (QD). This example would receive 1.00 point.

## Functional Needs Acuity Scoring Tool (FNA<sup>ST</sup>)

### Section 1: Activities of Daily Living (ADLs) Needs

Need	Assistance Needed:	Frequency	Points		Comments:
Bathing	Independent	***	0.00	<input type="checkbox"/>	
	Assistance needed	***	2.00	<input type="checkbox"/>	
	Dependent	***	3.00	<input type="checkbox"/>	
Dressing	Independent	***	0.00	<input type="checkbox"/>	
	Assistance needed	***	2.00	<input type="checkbox"/>	
	Dependent	***	3.00	<input type="checkbox"/>	

Toileting	Independent	***	0.00	<input type="checkbox"/>
	Assistance needed	***	2.00	<input type="checkbox"/>
	Dependent	***	3.00	<input type="checkbox"/>
Continence - bowel	Incontinent	***	2.00	<input type="checkbox"/>
	Continent	***	0.00	<input type="checkbox"/>
Continence - bladder	Incontinent	***	2.00	<input type="checkbox"/>
	Continent	***	0.00	<input type="checkbox"/>
Eating	Independent	***	0.00	<input type="checkbox"/>
	Assistance needed	***	2.00	<input type="checkbox"/>
	Dependent	***	3.00	<input type="checkbox"/>

Points will be allotted in section one of the FNAST for assistance required to complete ADLs within the home or when the child's normal activities take him/her outside the home. Points will be allotted *only* for activities requiring assistance and are ordered on the POC or separate physician orders (i.e., addendum orders). Points will be allotted based on the level of assistance needed. **NOTE:** Points will not be allotted for ADL assistance for children under the age of 5.

- EXAMPLE: A child is dependent for assistance with bathing. This example would receive 3.00 points.
- EXAMPLE: A child is dependent for bathing and dressing and is incontinent of bowel and bladder. This example would receive a total of 10.00 points

## Section 2: Therapies and Mobility Needs:

Need	Assistance Needed:	Frequency	Points		Comments:
Orthotics:	Upper Extremities	q 2hr	2.50	<input type="checkbox"/>	
		q 4hr	2.00	<input type="checkbox"/>	
		On/Off daily	1.00	<input type="checkbox"/>	
	Lower Extremities	q 2hr	2.50	<input type="checkbox"/>	
		q 4hr	2.00	<input type="checkbox"/>	
		On/Off daily	1.00	<input type="checkbox"/>	
Transfer assist	Minimum assist	***	1.00	<input type="checkbox"/>	
	Maximum assist	***	2.00	<input type="checkbox"/>	

Ambulation:	Independent	***	0.00	<input type="checkbox"/>
	Assistance needed	***	2.00	<input type="checkbox"/>
	Dependent	***	3.00	<input type="checkbox"/>
Medical Equipment (Describe misc. medical equipment)	Wheelchair	***	2.00	<input type="checkbox"/>
	Hospital Bed	***	2.00	<input type="checkbox"/>
	Hoyer Lift	***	2.00	<input type="checkbox"/>
	Misc.	***	2.00	<input type="checkbox"/>
ROM	***	> q 2hr	4.00	<input type="checkbox"/>
	***	q 2hr	3.00	<input type="checkbox"/>
	***	q 4hr	2.00	<input type="checkbox"/>
	***	< q 4hr	1.00	<input type="checkbox"/>

Points will be allotted in section two of the FNAST for assistance required to complete prescribed therapies and mobility needs within the home or when the child's normal activities take him/her outside the home. Points will be allotted *only* for therapies and activities requiring assistance and are ordered on the POC or separate physician orders (i.e., addendum orders). Points will be allotted based on the frequency of therapies ordered and the level of assistance needed for mobility. **NOTE:** Points will not be allotted for transfer/ambulation assistance for children under the age of 2.

- **EXAMPLE:** A child has orthotics ordered for upper and lower extremities on/off daily. This example would receive 1.00 points.
- **EXAMPLE:** A child is ordered ROM (range of motion) every 4 hours. This example would receive 2.00 points.

### Section 3: Behavioral Needs

Need	Assistance Needed:	Frequency	Points		Comments:
Aggressive		***	3.00	<input type="checkbox"/>	
Restraints	Soft Restraints	***	2.00	<input type="checkbox"/>	
	Other (specify)	***	2.00	<input type="checkbox"/>	
Harm to self or others		***	3.00	<input type="checkbox"/>	

Points will be allotted in section three of the FNAST for documented behaviors and interventions, which affect cares prescribed. Points will be allotted *only* for interventions (i.e., restraints) ordered on the POC or separate physician orders (i.e., addendum orders) and behaviors documented. Points will be allotted based on the behavior documented and type of restraints.

- A restraint record is required to be submitted for all authorization request seeking additional services based on the use of restraints.
  - **EXAMPLE:** Documentation indicates a child has been extremely aggressive with staff and others within the home. The child is at risk to harm self and/or others. This example would receive a total of 6.00 points.

#### Section 4: Sensory Impairment Needs

Need	Assistance Needed:	Frequency	Points		Comments:
Vision	Impaired	***	2.00	<input type="checkbox"/>	
	Functional	***	0.00	<input type="checkbox"/>	
Hearing	Impaired	***	2.00	<input type="checkbox"/>	
	Functional	***	0.00	<input type="checkbox"/>	
Communication	Impaired	***	2.00	<input type="checkbox"/>	
	Functional	***	0.00	<input type="checkbox"/>	

Points will be allotted in section four of the FNAST for documented sensory impairments, which affect cares prescribed. Points will be allotted *only* for sensory impairments and/or diagnoses noted on the POC or separate physician orders (i.e., addendum orders). Points will be allotted based on degree of impairment. **NOTE:** Points will **only** be allotted for diagnosed sensory impairments noted on the POC that are outside “normal” developmental milestones for child’s age.

- **EXAMPLE:** The POC indicates a child is deaf. This example would receive 2.00 points.

## Social Needs Acuity Scoring Tools (SNAOST)

### Section 1: Family Dynamics

Measure	Range	Points		Comments:
<b>Number of persons in household over the age of 18.</b>  <b>** Exclude patient **</b>	4 or more	0.00	<input type="checkbox"/>	
	3	0.50	<input type="checkbox"/>	
	2	1.00	<input type="checkbox"/>	
	1	1.50	<input type="checkbox"/>	
<b>Number of persons in household under the age of 18</b>  <b>** Exclude patient **</b>  <b>*** If other child(ren) under the age of 18 require assistance with activities of daily living (ADLs), do not allot points for this section. See below. ***</b>	Greater than 4	4.00	<input type="checkbox"/>	
	3-4	3.00	<input type="checkbox"/>	
	2	2.00	<input type="checkbox"/>	
	1	1.00	<input type="checkbox"/>	
<b>Number of persons in household under the age of 21 requiring assistance with activities of daily living (ADLs) outside the normal developmental parameters (i.e., a 5 year-old would typically need some assistance, therefore this is considered "normal development")</b>  <b>** Exclude patient **</b>	Greater than 4	6.00	<input type="checkbox"/>	
	4	5.00	<input type="checkbox"/>	
	3	4.00	<input type="checkbox"/>	
	2	3.00	<input type="checkbox"/>	
	1	2.00	<input type="checkbox"/>	

Points will be allotted in section one of the SNAOST for documented family dynamics, which affect cares prescribed. Points will be allotted *only* for family dynamics documented. Points will be allotted based on the persons within the home, excluding the patient for which EPSDT services are requested.

- **EXAMPLE:** Documentation indicates the child resides at home with his mother and 12 year-old sibling who is also special needs. This example would receive a total of 3.50 points.

## Section 2: Caregiver Availability

Measure	Range	Points	
<b>Does caregiver(s) work outside the home?</b>	Yes	1.00	<input type="checkbox"/>
	No	0.00	<input type="checkbox"/>
<b>Hours per day worked</b>	4	1.00	<input type="checkbox"/>
	6	2.00	<input type="checkbox"/>
	8	3.00	<input type="checkbox"/>
	10	4.00	<input type="checkbox"/>
	12	5.00	<input type="checkbox"/>
<b>Does the caregiver(s) attend school outside the home?</b>	Yes	1.00	<input type="checkbox"/>
	No	0.00	<input type="checkbox"/>
<b>Hours per day at school</b>	Less than 4	1.00	<input type="checkbox"/>
	4	1.50	<input type="checkbox"/>
	6	2.00	<input type="checkbox"/>
<b>Days per week at school/work</b>	Less than 5	1.00	<input type="checkbox"/>
	5 or more	2.00	<input type="checkbox"/>
<b>Travel time required to work or school</b>	Less than 1 hour	1.00	<input type="checkbox"/>
	Greater than 1 hour	2.00	<input type="checkbox"/>

Points will be allotted in section two of the SNAAT for documented caregiver availability, which affect cares prescribed. Points will be allotted *only* for conflicts in caregiver availability documented. Points will be allotted based on the availability of the caregiver(s).

- **EXAMPLE:** Documentation indicates the primary caregiver works 8 hours per day, 5 days per week outside the home and travels less than 1 hour to work. This example would receive 6.00 points.



### Section 3: Family Training Needs

Measure	Range	Points		Comments:
<b>Documented back-up plan on file with agency.</b>	Yes	0.00	<input type="checkbox"/>	
	No	1.00	<input type="checkbox"/>	
<b>Are back-up caregiver(s) trained on all cares?</b>	Yes	0.00	<input type="checkbox"/>	
	No	1.00	<input type="checkbox"/>	
<b>Are back-up caregiver(s) capable of providing all cares</b>	Yes	0.00	<input type="checkbox"/>	
	No	2.00	<input type="checkbox"/>	
<b>Expected time frame for training of back-up caregiver(s)</b>	Greater than 12 hours	5.00	<input type="checkbox"/>	
	10 – 12 hours	4.00	<input type="checkbox"/>	
	8 – 9 hours	3.00	<input type="checkbox"/>	
	6 – 7 hours	2.00	<input type="checkbox"/>	
	4 – 5 hours	1.00	<input type="checkbox"/>	
	Less than 4 hours	0.50	<input type="checkbox"/>	

Points will be allotted in section three of the SNAAT for documented caregiver (family) training needs, which affect cares prescribed. Points will be allotted *only* for conflicts if training needs and plan to complete training are documented. Points will be allotted based on the availability of back-up caregivers and the length of time anticipated to complete training of back-up caregivers.

- **EXAMPLE:** Documentation indicates the child's grandmother will be the back-up caregiver. She has been trained on most but not all of the child's cares and will not be providing cares until she is capable. It is anticipated an additional 12 hours will be needed to complete her training. This example would receive a total of 7.00 points.

#### Section 4: Patient Specific Educational Needs

Order	Frequency	Points		Comments:
<b>Does patient attend school?</b>	Yes	1.00	<input type="checkbox"/>	
	No	2.00	<input type="checkbox"/>	
<b>Hours per day at school:</b>	Less than 4	1.00	<input type="checkbox"/>	
	4	1.00	<input type="checkbox"/>	
	6	0.50	<input type="checkbox"/>	
	8	0.50	<input type="checkbox"/>	
<b>Days per week at school:</b>	Less than 5	1.00	<input type="checkbox"/>	
	5	0.50	<input type="checkbox"/>	

Points will be allotted in section four of the SNAAT for documented patient specific need to leave the home for school, which affect cares prescribed. Points will be allotted *only* for patient schooling needs that are documented. Points will be allotted based on the child's time away from home for school. **NOTE:** Points will **not** be allotted for children under the age of 3 who do not attend school.

- **EXAMPLE:** The child attends school 4 hours per day, 3 days per week. This example would receive 3.00 points.